

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040748

STATE FILE NUMBER

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

498

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0730

2 0730

3

4

5

6

7

8

9 7954

10

11

12 90-8

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 18 1963

1. PLACE OF DEATH

a. COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Saginaw Shoal Creek Twp.

Length of stay in lb

3 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Newton

c. CITY OR TOWN Saginaw

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First Roy

Middle William

Last Fairchild

4. DATE OF DEATH

Month Oct.

Day 12

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-25-1895

9. AGE (last birthday)

68

10. IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plane operator

10b. KIND OF BUSINESS OR INDUSTRY

Lumber yard

11. BIRTHPLACE (City and state or country)

Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Frank Parr Fairchild

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Viola Fairchild

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

yes

W W I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Viola Fairchild, Saginaw, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Presumed to be natural causes

Newton County Coroner notified.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)
Home

20f. CITY, TOWN, OR LOCATION

Saginaw

COUNTY

Newton

STATE

Mo

21. I attended the deceased from no physician attended 10-12-1963 and last saw him alive on 10:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

Death occurred at

10:00 p.

22a. SIGNATURE

(Degree or title) Local Registrar

Dove Merriam

22b. ADDRESS

1052 Main St., Joplin, Mo

22c. DATE SIGNED

10-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-17-1963

23c. NAME OF CEMETERY OR CREMATORY

Forest Park Cemetery

23d. LOCATION (City, town, or county)

Joplin

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Mason Chapel, 108 Range Line, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.

10-16-1963

26. REGISTRAR'S SIGNATURE

Dove Merriam

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 5 1963

DEC 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lee Mason

Licensed Embalmer No. 4568 (4568)

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.